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FROM: Wendy L. Watanabe *for*
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SUBJECT: **DEPARTMENT OF HEALTH SERVICES HARRIS-RODDE
SETTLEMENTS – AVERAGE LENGTH OF STAY AND EMERGENCY
DEPARTMENT BOARDING TIME REVIEW FOR QUARTERS ENDED
SEPTEMBER 30, 2007, AND DECEMBER 31, 2007**

At the request of the Department of Health Services (DHS), we reviewed LAC+USC Medical Center's (LAC+USC) status in complying with the requirements of the Harris-Rodde lawsuit settlements for the quarters ended September 30, 2007, and December 31, 2007. Our review indicates that overall LAC+USC did not meet the requirements for the quarter ending September 30, 2007 because the Average Length of Stay (ALOS) requirement was not met. However, all requirements were met for the quarter ending December 31, 2007.

Background

In December 2005, the County settled lawsuits with plaintiffs Harris and Rodde regarding reducing the number of beds at the LAC+USC replacement facility. Under the settlements, LAC+USC was allowed to immediately reduce 25 budgeted, non-psychiatric beds. LAC+USC is also allowed to reduce an additional 35 budgeted, non-psychiatric beds for each quarter LAC+USC reduces the ALOS by 0.3 days, compared to the previous quarter (from an initial baseline of 6.5 days), and maintains a median Emergency Department Boarding Time (EDBT) under seven hours. The settlement agreements require the Auditor-Controller to verify the ALOS and EDBT when LAC+USC reports that they have met the targets. We previously reported that

LAC+USC had accurately reported meeting the ALOS and EDBT requirements for the quarters ending December 31, 2006, and March 31, and June 30, 2007. However, our review of the EDBTs for these three quarters was limited to the visits for which LAC+USC had the documentation needed to validate compliance with the EDBT requirements.

According to County Counsel, once LAC+USC meets the ALOS target of 5.5 days, no further reductions of ALOS are required. LAC+USC is required to maintain an ALOS of 5.5 days and a median EDBT under seven hours for four years, through December 31, 2009.

Review of Reported ALOS

ALOS is the average time between when patients are admitted and when they are discharged from the hospital. LAC+USC records both admission and discharge on the Hospital's Affinity computer system (Affinity). As noted in our October 9, 2007 report, for the quarter ending June 30, 2007, LAC+USC reported an ALOS of 5.5 days. For the quarters ending September 30, 2007, and December 31, 2007, LAC+USC reported an ALOS of 5.7 and 5.2 days, respectively. As a result, LAC+USC's ALOS did not meet the requirements of the settlement agreement for the quarter ended September 30, 2007 since ALOS increased by 0.2 days compared to the prior period. The settlement agreements indicate that if the ALOS increases by 0.2 days or more for a period of 90 days, certain conditions must be met before further bed reductions can be made. However, DHS and County Counsel indicated that no further bed reductions are taking place at this time. Therefore, the increase during the quarter ended September 30, 2007 does not affect the County at this time.

Quarter Ended September 2007

We reviewed a random statistical sample of 91 records for the quarter ending September 30, 2007 to determine if LAC+USC had accurately reported the ALOS on Affinity. The ALOS reported on Affinity for these 91 records was 5.3 days. We noted that the ALOS for one visit (1%) on Affinity did not agree to the documentation we reviewed. Affinity indicates the patient was discharged the day after being admitted. However, the patient's medical record indicates the patient was discharged the same day the patient was admitted. This variance did not result in a material change in LAC+USC's reported ALOS. Overall, the ALOS computed for our sample of 91 records for the quarter ending September 30, 2007 equaled the ALOS reported on Affinity of 5.3 days, indicating that the ALOS information reported on Affinity is accurate.

Quarter Ended December 2007

We reviewed a random statistical sample of 91 records for the quarter ending December 31, 2007 to determine if LAC+USC had accurately reported their ALOS. The ALOS reported on Affinity for these 91 records was 4.24 days. We noted that the ALOS on Affinity for two visits (2%) did not agree to the documentation we reviewed. Affinity indicates the patients were discharged the same day they were admitted. However, the patients' medical records indicate they were discharged the day after they were admitted. Neither of these variances result in a material change in LAC+USC's reported ALOS for the quarter ended December 31, 2007. Overall, the ALOS computed for our sample of 91 records for the quarter ending December 31, 2007 equaled the ALOS reported on Affinity of 4.24 days, indicating that the ALOS information reported on Affinity is accurate.

Review of Reported EDBT

EDBT is the time between when an Emergency Department (ED) physician writes an order for a patient to be placed in an inpatient bed (pre-admit date/time) and when the patient is actually placed in the bed (ED discharge date/time). DHS and County Counsel advised us that, for purposes of verifying the reported EDBT in our prior reviews, the pre-admit date/time should be taken from the pink copy of the Emergency Room (ER) Record (pink sheet). The ED discharge date/time is recorded in the patient's medical record. Both the pre-admit date/time and the ED discharge date/time are recorded on Affinity.

Quarter Ended September 30, 2007

For the quarter ending September 30, 2007, LAC+USC reported a median EDBT of 4.37 hours. We noted that LAC+USC had completed pink sheets for 97% of the visits that were subject to the EDBT requirement. Two percent of the pink sheets were incomplete and one percent was missing. According to County Counsel, the plaintiffs have requested that LAC+USC retain a minimum of 85% of the pink sheets.

The first step in validating the reported EDBT was to ensure that LAC+USC had included all visits that are subject to the EDBT requirement. We tested a random statistical sample of 103 visits that were excluded from the median EDBT calculation to determine if the visits were properly excluded from the calculation (e.g., patients who were not admitted as inpatients, or were admitted from an outpatient clinic). We noted that all visits reviewed were appropriately excluded.

We then reviewed a random statistical sample of 273 visits to verify the EDBTs reported on Affinity. We noted that the EDBT for 20 visits (7%) did not agree to the source documents we reviewed. Specifically:

- For 12 visits (4%), the source documents we reviewed showed a longer EDBT than was recorded on Affinity. The EDBT on Affinity for these 12 visits was understated by an average of 5.09 hours.
- For eight visits (3%), the source documents we reviewed showed a shorter EDBT than was recorded on Affinity. The EDBT on Affinity for the eight visits was overstated by an average of 12.44 hours.

Overall, our sample of 273 visits showed a median EDBT of 4.77 hours, compared to 4.62 hours recorded on Affinity. None of the variances resulted in a material change in the reported median EDBT for the quarter ended September 30 2007, for visits where pink sheets were available.

Quarter Ended December 31, 2007

Beginning December 4, 2007, LAC+USC implemented new procedures to track the EDBT pre-admit date/time on Affinity. When a physician determines that a patient needs an inpatient bed, an on-line, real-time ER Admit Order (Order) will be input by authorized ER Staff on Affinity. Any changes to the original Order will result in an updated Order. The date/time of the completion of the original Order will be recorded on Affinity as the pre-admit date/time. These new procedures eliminate the use of the pink sheets to record pre-admit date/time.

We reviewed LAC+USC's procedures and training materials related to the new process, interviewed management and staff, observed the admission process, conducted a mock admission to determine if the new process captures the EDBT pre-admit date/time accurately, and performed procedures to corroborate the accuracy of the pre-admit date/time recorded on the Orders. Based on our review, it appears LAC+USC is capturing the EDBT pre-admit date/time on Affinity accurately.

For the quarter ending December 31, 2007, LAC+USC reported a median EDBT of 3.35 hours. Because of LAC+USC's new procedures for tracking EDBT pre-admit date/time on Affinity, we reviewed the pink sheets from the beginning of the quarter to December 3, 2007, and the ER Admit Orders on Affinity from December 4, to December 31, 2007, to determine the EDBT pre-admit date/time for the quarter ending December 31, 2007. We noted that LAC+USC had completed pink sheets for 97% of the visits that were subject to the EDBT requirement up to December 3, 2007. Two percent of the pink sheets were incomplete and one percent was missing.

We tested a random statistical sample of 103 visits that were excluded from the median EDBT calculation to determine if the visits were properly excluded from the calculation (e.g., patients who were not admitted as inpatients, or were admitted from an outpatient clinic). We noted that all visits reviewed were appropriately excluded.

We then reviewed a random statistical sample of 274 visits to verify the EDBTs reported on Affinity. We noted that the EDBT on Affinity for 20 visits (7%) did not agree to the source documents we reviewed. Specifically:

- For eight visits (3%), the source documents we reviewed showed a longer EDBT than was recorded on Affinity. The EDBT on Affinity for these eight visits was understated by an average of 1.09 hours.
- For 12 visits (4%), the source documents we reviewed showed a shorter EDBT than was recorded on Affinity. The EDBT on Affinity for the 12 visits was overstated by an average of 1.07 hours.

Overall, our sample of 274 visits showed a median EDBT equal to the EDBT in Affinity, of 3.51 hours. None of the variances noted in our sample resulted in a material change in the reported median EDBT for the quarter ended December 31, 2007.

DHS and LAC+USC management were very cooperative during our review and actively participated in the review process. Please call me if you have any questions, or your staff may contact Jim Schneiderman at (626) 293-1101.

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